


AO 435 (Rev. 03/08)		Administrative Office of the United States Courts		FOR COURT USE ONLY DUE DATE:	
TRANSCRIPT ORDER					
<i>Please Read Instructions:</i>					
1. NAME YIFEI ZHENG		2. PHONE NUMBER (361) 888-3111		3. DATE 5/29/2020	
4. MAILING ADDRESS 800 N. SHORELINE BLVD., SUITE 500		5. CITY CORPUS CHRISTI		6. STATE TX	7. ZIP CODE 78401
8. CASE NUMBER 2:20MJ1164	9. JUDGE Judge David S Morales		DATES OF PROCEEDINGS 10. FROM 5/27/2020 11. TO 5/27/2020		
12. CASE NAME John Charlie Kofron		LOCATION OF PROCEEDINGS 13. CITY Corpus Christi 14. STATE Texas			
15. ORDER FOR <input type="checkbox"/> APPEAL <input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER					
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING				Initial Appearance 5/27/20	
<input type="checkbox"/> BAIL HEARING				1:36pm to 1:49pm	
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES 1	15.00	54.75
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	54.75
18. SIGNATURE 				PROCESSED BY	
19. DATE 5/29/2020				PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY Exceptional Reporting Services PO Box 18668 Corpus Christi, Texas 78401 361-949-2988				COURT ADDRESS Completed transcript to be emailed to: Yifei.Zheng@usdoj.gov Loretta.Ybarbo@usdoj.gov	
ORDER RECEIVED	DATE	BY			
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES	54.75
TRANSCRIPT RECEIVED				LESS DEPOSIT	54.75
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT				TOTAL DUE	54.75